STATE (OF CALIF	ORNIA		TRAV	EL EX	PENS	SE CL	AIM				All Req Financial	uired Recei Services Bi				
DEPART SO-27(Rev 6		F FOOD A	AND AGRICULTURE	Trainin		f Ctota T	r								0007		
Claimant					Out-o	f-State Trip#		rity Number	3				Page	of			
Will Brown Civil Service Classification Bargaining Unit & Designation								xxx-xx-xxx						1 1			
	secreta:			The state of the s	rgaining Unit & Designation Managerial			Branch Name Executive Office						Telephone Number 916-654-0433			
Residenc	e Address	(PO Box (Only is Unacceptable)	wanage				Headquarters Address					910-03	4-0433			
City				7in 0 - 1			1220 N	Street									
City				Zip Code			City Sacramento						Zip Code 95814				
Month/Year Location						Per Diem						Tiolet'					
March	2009	D	Where Expenses were Incurre					Comp. Charge	Cost of	T	X						
	Time	a t		ed Lodging	Breakfast	Lunch	Dinner	Incidental		y Ills/		Priv	ate car		Total		
Time	Return	e	(Between What Points)		В	L	D		Trans	p P	arting fres	Miles	Amount	Business Expense	Expenses for day		
Normal H	OUE		Remarks or Details and Explana	tion of Business			C	~									
(vormai 11	ours	1	centains of Details and Explana	tion of Busiless	Deliditales	(Attach vot	ichers/Recei	ots when requ	iirea)								
	το																
0800 Pvt Veh L	1700			7													
i vi von L	IC #			YC													
Rate Clain																	
0.550 State Veh							110,550										
				Conference or C	Vannian (Taxon 1 and		1		m . I n								
Accounting Use Only Paid by Revolving Fund Check #				DPA 599.635 A	pproved	tendance On				al Revolving Fund vances for Month				Total Claim			
									\$								
				Signature of	Department H	lead or Desi	gnee			-							
shown wer	e for the o	fficial bus	above is a new storment of the iness of the State of California.	If a privately ow	med vehicle w	as used I ha	ve met the r	equirements i	n SAM Sec	tion 075	4 Formil	rnia, and t	that all items	s			
eimbursei	nent rates	which exe	cod the minimum rate, I certify	that the actual co	ost of operatin	g the vehicle	was equal to	o or exceeded	the amount	t claimed	4. 1 OI IIIII	cage					
=	24			17540													
	Signature of	of Claiman	it	Date	Date			Signature of Officer Approving Payment						Date			
Accounting Use				am Use	The state of the s				Accounting Use Only								
Line	e# FY		%	Program/Function			Object Code		Amount				Non-T	Non-Taxable Taxable			
			100%	710	10												
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